

July 3, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-1271-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This 38-year-old male claimant sustained an injury to the cervical/thoracic region in a work-related accident on _____. Initial CAT scan of the brain on 06/01/00 was negative for pathology. Cervical MRI on 03/01/01 revealed unremarkable findings. Two ESI's were performed from 05/10/01 through 06/28/01. Neurodiagnostics on 08/01/01, that included an NCV/EMG of the upper quarter, showed evidence of a right C-5, C-6, C-7, and C-8 radiculopathy. Cervical myelogram with CT scan on 10/09/01 was unremarkable. Cervical discogram was recommended on 11/16/01, but was not performed. Physical Performance Examination (PPE) were performed on 3/4, 05/01, 07/01, and 10/26/02, resulting in no work level being recommended. Spinal surgical recommendations were recommended on 07/12/02.

The conservative care initiated on or about 01/17/01 has failed. The patient has been progressed through upper-level therapeutics such as work hardening on or about 02/13/02. Request has been made for five manipulations under anesthesia procedures performed consecutive days, to the atlanto-occipital, cervical, and upper thoracic spine, and aggressive 6-8 week post-operative physical therapy program.

Disputed Services:

Outpatient manipulations (5) under anesthesia (MUA).

Decision:

The reviewer partially agrees with the determination of the insurance

carrier. The reviewer is of the opinion that two MUA procedure applications are medically necessary in this case.

Rationale:

This patient has been unsuccessful with conservative and invasive therapeutics. The provider has progressed the patient through upper-level therapeutics, but has not been successful at reducing and/or increasing functional status. Application of an MUA in this case is warranted, but not at the intensity originally requested by the provider.

It will be necessary for the patient to complete a course of active rehabilitation therapeutics; however, the frequency requested is not warranted. Two MUA sessions should be completed separated by one day so that sufficient qualitative and quantitative testing can be implemented to determine efficacy of the applied therapeutic application.

The patient may reduce the necessity of further invasive applications and may gain greater functional baseline as a result of this procedure. The records provided for review do not imply that the patient is a surgical candidate due to the inability to confirm spinal pain generators. The chronicity of his complaints warrants the application of any procedure That has the possibility of increasing the patient's active baseline of function.

Additional Comments:

Active rehabilitation should be initiated immediately following the MUA procedure and should require twelve (12) sessions with the implementation of a concurrent aggressive home rehabilitation program.

Clinical Guidelines and References:

Herzog, J., D.C., *Use of Cervical Spine Manipulation Under Anesthesia for Management of Cervical Disc Herniation, Cervical Disc Radiculopathy, and Associated Cervicogenic Headache Syndrome.* J. Manipulative Physio. Ther.; 1999, 22:166-70.

West. D.T., D.C., Matthews, R.S., M.D., et al., *Effective Management of Spinal Pain in 177 Patients Evaluated for Manipulation Under Anesthesia.* J. Manipulative Physio. Ther.; 1999, 22:299-308.

Unremitting Low Back Pain, North American Spine Society Phase III Clinical Guidelines for Multi-Disciplinary Spine Care Specialites. North American Spine Society; 2000, 96 p.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 3, 2003.

Sincerely,